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CITY OF WORCESTER

EDUCATION COMMITTEE

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Annual Report

upon the

School Health Service

for the Year

1962

By

G. M. O'Donnell, B.A., M.B., D.P.H.
Principal School Medical Officer

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AUDITORY TRAINING

CITY OF WORCESTER

EDUCATION COMMITTEE

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Principal School Medical Officer

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1962

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MISS M. C. WEBSTER.

STAFF AT 31st DECEMBER, 1962

Principal School Medical Officer:

G. M. O'Donnell, B.A., M.B., D.P.H.

Deputy Principal School Medical Officer:

Elizabeth G. Henderson, M.B., B.Ch., B.A.O., D.P.H.

School Medical Officers:

Moira K. E. Allington, B.A., M.B., B.Ch., D.C.H.

Robert M. Laslett, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
(Resigned 30th June, 1962)

Douglas G. Snell, M.B., B.S., D.P.H.
(Commenced 20th August, 1962)

Child Psychiatrist:

J. J. Graham, M.B., Ch.B., D.P.M.
(Consultant, Birmingham Regional Hospital Board)

Principal School Dental Officer:

E. R. Dowland, L.D.S., R.C.S. (Eng.)

Dental Surgery Assistant:

Miss J. Cumberlidge

Remedial Gymnast:

Miss S. Morris

Superintendent Health Visitor/School Nurse:

Miss A. A. Buttimore

Health Visitors/School Nurses:

Miss N. A. Hardiman (Resigned 31st May, 1962)
Miss P. O. Viles (Resigned 14th September, 1962)
Miss O. R. Jones (Resigned 18th November, 1962)
Miss B. A. Flint
Miss P. M. Gant (Resigned 31st December, 1962)
Miss F. M. Kendrick
Miss E. Krebs (Commenced 1st February, 1962)
Mrs. E. Smith (Commenced 1st October, 1962)
Miss A. Dunlop (Commenced 10th December, 1962)
Mrs. M. E. Howe (Commenced 20th June, 1962)

School Nurses (Temporary Appointments):

Mrs. B. M. Llewellyn-Williams (Resigned 23rd July, 1962)
Mrs. M. L. Hayton

Senior Clerk:

Mrs. I. Fairbairn

Clerks:

Mrs. E. I. P. Turner
Miss S. Boxall

ANNUAL REPORT FOR THE YEAR 1962

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

To the Education Committee of the City of Worcester

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting my report upon the work of the School Health Service for the year 1962 I would first thank the Chairman and Members of the Primary and Secondary Education Sub-Committee and the Director of Education, Mr. T. A. Ireland, for the very generous support and encouragement they have given me during the year. My staff have worked hard and cheerfully in their vocations, and to them also I must express my gratitude, and in particular to the Deputy Principal School Medical Officer, Dr. Elizabeth Gertrude Henderson. I should also like to bid farewell to Mrs. B. M. Williams, who has worked as a school nurse for the past 15 years. During that time she gave devoted care to her charges and leaves with our best wishes for her future happiness.

It has been said that there is no anguish of soul till one has children, a statement which no school teacher is likely to dispute. In like vein, our doctors, although they can remain apart from the grimmer aspects of the scholastic affray, are still very much involved, and their concern for the children in our schools is not a superficial one. Handicapped pupils in particular excite their interest and compassion so that each year more of the work of the School Health Service is devoted to the needs of these children.

This year has seen one major advance in the care of the handicapped. The appointment of a teacher for the deaf has brought to fruition the Committee's plans for the deaf and partially hearing. We can now make a real effort to improve the hearing of severely affected children without necessarily having to send them away to residential schools, thereby giving our service a flexibility which will be greatly for the benefit of the children concerned. We can also look forward to a full time educational psychologist next year as permission has been given to add this much needed post to the establishment.

However, as I stated in my report last year the really epochal advance which we await with considerable anticipation is the opening of the new school for educationally subnormal children on which it is hoped work will commence in 1963/64. When this school comes into being some of our greatest difficulties will be resolved and we can then concentrate our efforts on the last and most intransigent problem, the prevention, care and treatment of the severely maladjusted child.

The Committee have also agreed to furnish us with additional support by way of a new school clinic. The present clinic at Friar Street is affected by the development taking place in that area and part of it, including our deaf centre, is to be demolished. A conveniently situated purpose built clinic would be a great asset to our doctors and nurses who at present have to undertake medical examinations in cramped and somewhat austere circumstances.

In conclusion, I should like to thank the teachers of the City for their patience and co-operation during the year. We are very conscious that only by gaining their confidence and interest can we effectively help the school children of the City.

Yours faithfully,

G. M. O'DONNELL,
Principal School Medical Officer.

NUTRITION

	1958	1959	1960	1961	1962
Pupils Inspected ...	3,050	3,505	3,344	3,286	3,363
Unsatisfactory ...	35	29	40	31	20
Percentage Unsatisfactory	1·15	·83	1·2	·94	·6

PHYSICAL CONDITION OF PUPILS

Worcester is a fortunate and healthy town, healthy in its situation and climate and fortunate in having sufficient employment to satisfy the industry of its inhabitants. This combination of natural and material factors provides a vital foundation to sustain the health of its children and this has been implemented through the years by improvements in housing conditions and the tremendous growth of popular knowledge in health and dietry matters. When one contrasts these children with their well-formed limbs, their unappeasable vigour, their light, sensible clothing, one is uncomfortably conscious that there are other parts of the world where this happy state of affairs does not prevail. One is reminded too that all this has come to pass in a comparatively short period of time. At the School Clinic there are photographs of Worcester school children taken at the beginning of the century which show with remarkable clarity evidence of malnutrition, deformity and physical neglect. Their heavy clothing and regimented uniformity cannot however conceal the hope and ardour of youth, which are perhaps the only common attributes shared with today's generation.

Through the years the incidence of serious physical defect has progressively declined. We are now left with minor and often concealed blemishes inherent of an urban way of life. Foot and postural troubles are numerous and attenuated vision is another frequent liability, while over all is the very real and almost insoluble problem of the decay and deterioration of our children's teeth. It is indeed a national tragedy that when a means is found to arrest this decay by fluoridation and to strengthen the teeth against the insidious erosions of modern diet, that so much biased and erratic propaganda is turned against it. It is perhaps a greater pity that parents throughout the country do no insist on fluoridation of water with the same vehemence that distinguishes its opponents. Decaying teeth can lead to general illness, to pain, to anaesthesia and operation, and if the incidence of these can be dramatically reduced, surely the securing of the means to this end is worthy of parents' time and indignation.

School Meals Service

I am indebted to the Director of Education and Miss M. Arlidge, School Meals Organiser, for the following information.

"The number of children taking a school meal continues to rise. Statistics in September, 1962, revealed that the percentage of children staying to a school dinner was 53·8%, making a total of 1,193,490 meals served during the year to maintained schools, with 63,000 to other departments. This figure shows an increase of 5·9% over 1961.

"The daily average of 6,600 meals were supplied from fifteen kitchens, six serving meals on the premises with nine other kitchens producing transported meals as well as serving meals on the site.

"The 'family service organisation' is now in operation at five secondary schools. This type of organisation is much appreciated by the children, and provides the opportunity for some social training with the meal. The last school to have this service introduced was the Girls' Grammar School when the school moved to the new buildings in Spetchley Road in September.

"During the autumn term, in addition to the meal, a raw apple was served, which proved both popular and beneficial. Unfortunately supplies or costs will not permit this to continue for the whole year.

"Progress continues with hygienic improvements to older kitchens, all of which have been equipped with canopies and extractor fans to counteract steam and condensation.

"For the twelve months ending 31st December, 1962, 2.081,121 $\frac{1}{3}$ pint bottles of pasteurised milk were consumed. The average number of children drinking milk in maintained schools during the year was 88·4%."

HANDICAPPED PUPILS

An increasing proportion of the time of school nurse and doctor is devoted to the ascertainment and care of the handicapped child. Some of these children have defects which are of minor importance and can be easily coped with in an ordinary school, but there are others which stultify not only the school life but all the child's activities. It might be said that a severe handicap is doubly poignant today as the scope of enjoyment of children is so much extended and the number suffering from illness or disability is considerably reduced. The handicapped child must therefore be constantly assailed by envy of his untouched companions and bitterness at his own fate. Even so the majority of them accept their limitations with resignation and even a wry humour, thereby strengthening the resolve of those concerned with their care to do all that should be done to help these unfortunates.

Where physical disability is concerned this is comparatively easy to achieve, but in the disorders of the mind whether due to subnormality or maladjustment the appropriate schooling is often very hard to find. To secure a vacancy for an educationally subnormal or maladjusted child of secondary school age entails a considerable period of delay during which numerous applications are made without effect. As much as two years may pass before a vacancy is obtained and even then it may not be in a school of the calibre envisaged in earlier applications. Undoubtedly completion of the proposed E.S.N. school in Worcester will materially remedy this position and our main worries will then be concentrated on the maladjusted. These children, so often the product of broken or unhappy homes, nearly always require education and treatment away from domestic tensions, but schools, hostels and recovery units are hard to come by. Too often the maladjusted child appears before the courts for misdemeanours committed during the period of waiting for admission to a residential school.

(a) Blind. One girl attends the Royal Institute for the Blind at Lickey Grange, Birmingham.

(b) Partially Sighted. Three boys and one girl are at Exhall Grange School, Coventry.

(c) Deaf. There are two boys at the Royal School for the Deaf at Birmingham and three boys and a girl attend the Junior School at Martley. Yet another girl has been for some years at Summerfield House, Malvern Link.

(d) Partially Deaf.

(i) One boy at Needwood School, Burton-on-Trent. Two boys and one girl classified as partially deaf who have another handicap of greater importance are attending residential schools for the predominant handicap.

(ii) At Rose Hill Open Air School (double handicap): Four boys and two girls attend Rose Hill Open Air School. They are all classified as delicate, two being educationally subnormal as well. Of these, three boys and two girls are fitted with hearing aids.

(iii) At Ordinary Schools:

33 children have been fitted with hearing aids and are managing quite well in ordinary schools with the help of remedial teaching. They all sit in front of the class and are kept under periodic observation at the E.N.T. clinic of the Worcester Royal Infirmary and by the school doctor and nurses.

Sweep Testing:

Individual sweep testing of five year old entrants using the pure tone audiometer is now in its second year and this work is undertaken by a member of our staff specially trained for the purpose. The standard used is of lack of response at any one frequency over a 20 decibel range, and the child who fails this test is referred to the audiometric centre at the School Clinic for a threshold test. If this confirms a hearing loss then referral to the general practitioner and E.N.T. clinic for full investigation is indicated.

The result of this investigation is shown in the following table :

Entrants Examined	Retests	For observation	Referred for investigation
1,107	107	27	33

Of the 33 referred for investigation 8 boys and 5 girls had confirmed defects of hearing and the individual results are appended.

	Ear Condition	Hearing Loss	Result
B.1	Tonsillitis	45 db (L) 35 db (R)	Tonsillectomy. Hearing normal afterwards.
B.2	Nil	35 db (L) 25 db (R)	To sit in front of class.
B.3	Catarrh	45 db (L) 25 db (R)	Hospital supervision.
B.4	Nil	15 db (L) 35 db (R)	Hospital supervision.
B.5	Eustachian Blockage	40 db (L) 20 db (R)	Hospital supervision.
B.6	Catarrh	25 db (L) 20 db (R)	Own Doctor supervising
B.7	Otorrhoea	20 db (L) 35 db (R)	Hospital supervision.
B.8	Otorrhoea	30 db (L) 45 db (R)	Hospital supervision.
G.1	Nil	Bilateral 35 decibels	Own Doctor supervising
G.2	Nil	Bilateral 40 decibels	Hospital supervision.
G.3	Tonsillitis	40 db (L) 30 db (R)	Tonsillectomy. Hearing aid.
G.4	Nil	Bilateral 40 decibels	Hospital supervision.
G.5	Nil	30 db (L) 25 db (R)	Own Doctor supervising

Hearing Aids :

33 children wearing hearing aids attend ordinary schools. Although most of them are very sensible and conscientious in the use of their aids there are some who for reasons of shyness or indifference will avoid wearing them if they can possibly manage to do so. These latter become adept at proferring suitable excuses which their teacher, lacking technical knowledge of these instruments, must perforce accept. To cope with this youthful deviousness and also to deal with the occasional minor adujstments that may have to be made two of our nurses received special training in the checking and regulation of hearing aids. These two nurses who had a particular interest in deafness were also responsible for the screening tests of very young children. Both resigned during the year to take up specialist appointments, but fortunately we had another member of staff trained in this work who was able to take over. Next year we hope to send two more nurses to Manchester for training as well as availing of the facilities at the Worcester Royal Infirmary so kindly put at our disposal. It is hoped that eventually all our nurses will have adequate training in this work, the scope of which is constantly increasing.

Lip Reading :

Lip reading classes were resumed this year as we had a total of six partially hearing children who would benefit from this aid. Miss P. M. Griffiths, Deputy Head of the Royal School for Deaf Children, Birmingham, and in charge of the Junior School at Martley, very kindly undertook this work for us, classes being held at the School Clinic.

Future Developments :

Up to now we have been mainly concerned with developing a diagnostic service so as to evaluate the best means of helping confirmed cases of hearing loss and also preventing as far as possible any deterioration in the established case. The maintenance of an At Risk Register and the testing of young children at the age of 9 months and two years would we hoped, enable us to recognise hearing defects in sufficient time to give appropriate treatment, thereby either curing the condition or at least ameliorating its consequences. It was anticipated that the increasing interest and enthusiasm of health visitors and doctors in this field would make them alert to recognise deafness supervening after two years of age, and cases of conductive deafness arising subsequently would be picked up by the sweep tests at school entry.

Early in 1962 sufficient information had been acquired to enable the Education (Primary and Secondary) Sub-Committee to consider what further could be done to help those who had a confirmed hearing loss, and in particular to decide whether the establishment of a junior partially deaf unit or the appointment of a peripatetic teacher of the deaf was justified. At that time 46 boys and 32 girls were classified as deaf or partially deaf and of these :

A. 25 boys and 16 girls could cope in an ordinary school provided favourably positioned and given remedial teaching where necessary.

Age Group		B	G
5 — 7	...	5	—
7 — 11	...	10	8
11 — 16	...	10	8

B. 5 boys and 7 girls can manage in an ordinary school if they are given additional help to that outlined in paragraph A, viz. lip reading, services of a peripatetic teacher of the deaf, initial or occasional booster period in a partially deaf unit.

Age Group		B	G
5 — 7	...	—	2
7 — 11	...	2	3
11 — 16	...	3	2

C. 6 boys and 5 girls required either admission to a partially deaf unit or the frequent help of a peripatetic teacher.

Age Group		B	G
5 — 7	...	—	—
7 — 11	...	2	2
11 — 16	...	4	3

D. 10 boys and 3 girls are at residential schools. It is possible that one or two of these would be better off in a Partially Deaf Unit were they younger. One boy and one girl have double handicaps in which deafness is of secondary importance. They attend residential schools appropriate to the primary handicap.

Age Group		B	G
5 — 7	...	1	—
7 — 11	...	2	1
11 — 16	...	7	2

N.B. 13 boys and 11 girls in Group A, B and C have been fitted with hearing aids. Two boys are awaiting hearing aids. All children at residential schools have hearing aids.

E. One girl and 2 boys of pre-school age would benefit from a period in a Junior Partially Deaf Unit.

It it obvious from the evidence quoted above that we do not have enough partially hearing children with severe hearing loss to justify the opening of a junior unit for the partially deaf. This unit, which generally has between 6 and 8 pupils, must be assured of a continuing influx of suitable cases, and we not only have insufficient children to open a unit, but also do not have the numbers of younger children for entry in later years which would maintain it in operation.

On the other hand there were 14 partially hearing children of widely diverse ages who required specialist help and who could be adequately supported in ordinary schools if the services of a peripatetic teacher of the deaf were made available to them. If provided with an individual auditory trainer he could by regular training periods boost the residual hearing of these children and also supervise and maintain their hearing aids. Apart from this he could discharge the important function of informing parents and class teachers how best to help the affected child and his services would be particularly valuable if supplemented by those of the remedial teachers. Accordingly the Committee decided to appoint a peripatetic teacher of the deaf and a very suitably qualified candidate, Mr. David Joy, was appointed towards the close of the year.

I should like to thank Mr. I. W. MacGregor and Mr. T. S. Stewart, Consultant Ear, Nose and Throat Surgeons at the Worcester Royal Infirmary, for their ready and generous co-operation during the year.

(e) Educationally Subnormal :

38 children of whom 18 were girls were classified as educationally subnormal in 1962. 11 were recommended for remedial teaching, 3 for admission to our E.S.N. day school or class and 5 urgent cases for residential schooling. In 4 instances admission to Rose Hill Open Air School was advocated as a temporary measure so that smaller classes and tranquil environment might disperse the incipient anxieties arising from the strain of daily competition against more agile and resourceful minds. It is interesting to note that of the 38 children found to be educationally subnormal 10 of them had other handicaps and one pupil had to be admitted to Lingfield Hospital School owing to the predominance of his epileptic condition.

Educationally subnormal children are educated according to their potentialities, those with an Intelligent Quotient (I.Q.) of less than 70 and with two years retardation in school work almost invariably require special schooling. It would be true to say that during the year we have had very real difficulties in finding suitable vacancies for educationally subnormal children whose home circumstances are such as to make it essential they be educated in the appropriate residential school. Furthermore the number of educationally subnormal children who are ascertained each year imposes a real strain on the available facilities and for this reason we look forward with true anticipation to the building of the new special day school included in the local capital programme for 1963/64. From the viewpoint of the School Health Service this project will solve our greatest need as it will make certain that everything possible is being done to help these less endowed children.

At the moment the following measures of education are provided by the City :

(i) At Residential Schools.

15 boys and 3 girls attend residential schools for the educationally subnormal.

(ii) At Rose Hill Open Air School (double handicap).

	E.S.N. (boys)	E.S.N. (girls)
Delicate	7	5
Maladjusted	1	1
Physically Handicapped ...	2	—
Epileptic	2	1

(iii) At the Special Class at St. Paul's School.

(This serves as an interim measure and will probably be discontinued once the special school is completed)

16 pupils, 12 boys and 4 girls, attend this class.

(iv) At Ordinary Schools.

39 boys and 40 girls classified as educationally subnormal attend ordinary schools in the City. With very few exceptions these children have I.Qs of over 70 and can cope in ordinary schools if assisted by remedial teaching. Their progress is carefully observed and re-assessment is carried out at two year intervals or earlier if requested by their head teachers.

Dr. Douglas Snell, School Medical Officer, who joined the department in August of this year, will be attending the course in 1963 for the Ascertainment of Educationally Subnormal Children. The other School Medical Officers are all qualified in this respect.

(f) Epileptic Pupils :

At Rose Hill Open Air School ...	4 boys	2 girls
At Residential Schools	2 boys	1 girl
At Ordinary Schools	14 boys	16 girls
Classified as E.S.N.	6 boys	3 girls
Classified as maladjusted ...	1 boy	0 girls

For the past three years we have maintained an epileptic register which includes the names of those who have epileptic equivalents or behaviour disorders associated with an abnormal electroencephalogram. It will be seen from the above figures that the majority of these children cope very well at ordinary schools although it may be difficult for them to work at a standard commensurate with their mental age if they are receiving daily treatment with anti-convulsant drugs.

Children liable to grand mal attacks are sent to Lingfield Hospital School, but we have one child attending an ordinary school who has attacks of classic severity at very infrequent intervals.

(g) Maladjusted Pupils :

The tragedy of the really severely maladjusted child is one for which we have little answer as his condition generally arises from rejection by one or both parents. The facilities which the Education Committee so willingly make available are often a palliative and even the kindnesses received from the sympathetic staff of a special school are only temporary substitutes for the natural affection of a parent. In some respects they only highlight in the child's mind the bitterness which he feels towards one to whom all the natural ties of blood and inclination should unite him most closely. It is hard to gauge the inherent or acquired propensities of any child, but the mind of the maladjusted with its mingled craving for affection and resentment of past rebuffs, presents often insuperable problems to those concerned with its education.

For this reason I would like to pay very real tribute to Dr. J. J. Graham, Consultant Psychiatrist, and his staff, at the Worcestershire Child Guidance Clinic, to whom we refer the more disturbed children in the sure knowledge that they would receive every sympathy and encouragement. 71 children were treated during the year.

5 boys and 2 girls attend residential schools specialising in this condition.

(h) Physically Handicapped :

While the more severe cases of physical handicap are educated at residential schools, a considerable number of permanently crippled children attend Rose Hill Open Air School. This school was originally intended for delicate pupils only, but it now serves quite satisfactorily as an educational venue for physically handicapped pupils whose condition has entered a chronic stage where active specialised medical treatment is not a daily necessity. As Rose Hill is a one storey school, these children can move about easily and the pleasing spacious grounds are a stimulus to both body and spirit. The staff have a long tradition in the care of physical defects and successfully maintain the atmosphere of an ordinary school blended with an essential encouragement and understanding.

Children at Residential Schools

Sex	Age	Condition
M	14	Cerebral Palsy.
M	12	Cerebral Palsy.
M	10	Meningocele.
M	8	Cerebral Palsy.
M	12	Arthogryphosis.
F	11	Spina Bifida.
F	9	Cerebral Palsy.
F	12	Severe scoliosis.

Children at Rose Hill Open Air School

Condition	Male	Female
Tuberculosis of Hip.	1	2
Muscular dystrophy.	1	—
Scoliosis.	1	—
Kidney Disease.	1	—
Cerebral Palsy.	1	—
Muscular inco-ordination.	—	2
Cirrhosis of Liver.	—	1
Post Poliomyelitis.	—	2
Perthe's Disease.	1	—
Multiple Congenital Deformities.	—	1
Cardiac Disease.	3	—

Children at Ordinary Schools

Sex	Age	Condition
M	14	Cerebral Tumour.
M	14	Spina Bifida.
M	12	Cerebral Palsy.
F	8	Post Poliomyelitis.
F	13	Tubercular Knee.
F	12	Tubercular Spine.
F	9	Congenital heart disease.
F	12	Congenital dislocation of hips.
F	12	Cerebral Palsy.
F	7	Rheumatism with cardiac involvement.
F	14	Cerebral Palsy.
F	8	Congenital dislocation of hips.

One boy who has a progressive lesion of the brain receives home tuition which is given principally to sustain his moral. By keeping him occupied the home teacher relieves his worries to some extent and also encourages him to feel that he will eventually recover and return to school.

It is a pleasing thought that many of the conditions detailed above are unlikely to recur in future. The benefit of immunisation against poliomyelitis, increasing skills in the medical and surgical care of heart and bone disease, and the steady evanescence of tuberculosis should diminish this section of the handicapped register.

(i) Delicate :

I thank Miss P. Smith, Headmistress of Rose Hill Open Air School, for the following information :

"During the year ending December 1962, the average number of children on roll was 74 and the average attendance was 64. Thirty new entrants were admitted and twelve children were discharged by the Medical Officers. One child, suffering from muscular dystrophy, died at his home in June, 1962.

"The daily routine is similar to that of recent years. The children arrive at 9 a.m. and leave at 4 p.m., and during those seven hours they consume three meals, have one hour's rest, and the remainder of the time is divided between school work and medical attention. On three afternoons per week during every alternate month from October to May, the children receive ultra violet light treatment. Once each month they are weighed and measured. Once a week they have remedial exercises, if needed, from the remedial gymnast. When it is necessary, minor cuts, abrasions, etc., are dealt with daily, and also when it is considered to be necessary, baths are given and hair is washed. Spastic and incontinent children are looked after and trained in habits of hygiene as the need arises. Older girls are given practical instruction in personal hygiene.

"The meals are of a high standard and a most substantial breakfast is now given, including beans on toast, eggs, fish cakes and bacon. Tea remains a light snack before the children travel home on the buses. Extra milk, Cod Liver Oil, and Malt are provided for those children who need extra nourishment. There are special diets for the overweight and diabetic children.

"Three buses are used to convey the children to and from school, and each bus now has the services of an escort.

"We have a number of children with severe speech defects and have felt the loss of a speech therapist. One child attends the County Speech Clinic, but the others have no help except that given them by the staff of the school.

"Many of the asthma cases have shown a marked improvement and there has been, too, a steady improvement amongst the delicate children, and especially amongst those who are underweight and undersized. Many mothers have remarked upon the benefit their children have gained. One child who was given daily postural drainage was able to return to a normal school seven months after her arrival here.

"On three occasions during the year parties of young nurses from the Worcester Royal Infirmary visited the school. They heard a short talk on the work of the school and then visited the infants in their classroom. These visits were so successful that the Sister Tutor at the Royal Infirmary has asked if they may become a regular part of the nurses' training.

"Remedial exercises for poor posture, incorrect breathing and asthma, and flat and inverted feet, have been given in her usual, quiet, efficient manner by the City Remedial Gymnast."

Analysis of disabilities of children entering Rose Hill Open Air School in 1962.

	Boys	Girls
Maladjusted and E.S.N. ...	—	1
Eczema and Asthma ...	3	—
Asthma	2	1
Partially Deaf	1	1
Gross Obesity	1	—
Bad Home	—	1
Diabetes	—	1
Epileptic	1	2
Educationally Subnormal ...	1	—
Speech Defect (no speech) ...	—	1
Tubercular Hip	—	1
Brain Tumour	1	—
School phobia	—	1
Malnutrition	1	—

Analysis of Disabilities of children leaving Rose Hill Open Air School in 1962.

	Boys	Girls
Delicate	7	1
Asthma	—	1
Heart	2	—
Bronchitis	—	1

(j) Speech Defects :

Miss B. R. Haddleton, Speech Therapist, left the staff during the year taking up a combined hospital/local authority appointment. We were very sorry to lose her and appreciative of the very excellent work which she did during her stay in Worcester. Unfortunately since she left it has been impossible to provide a replacement although the Committee have done everything possible in the way of inducements to attract a suitable candidate. There is a national shortage of speech therapists and those who are seeking employment can be extremely selective in the matter of appointments. It seems to me that our main disadvantage is that we have an establishment for only one speech therapist and therefore those who work for us suffer a degree of professional isolation.

INFECTIOUS DISEASE

Cases of Infectious Disease Notified during 1962—Classified in Age Groups

	Number of Cases Notified			
	5 years to 9 years		10 years to 14 years	
	M	F	M	F
Scarlet Fever	4	5	2	2
Whooping Cough	—	—	—	—
Acute Poliomyelitis (Paralytic)	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—
Measles	105	89	1	2
Diphtheria	—	—	—	—
Dysentery	1	1	1	1
Meningococcal Infections	—	—	—	—
Acute Pneumonia (Primary or Influenzal)	3	—	—	—
Smallpox	—	—	—	—
Acute Encephalitis (infective)	—	—	—	—
Acute Encephalitis (post infectious)	—	—	—	—
Enteric or Typhoid Fevers	—	—	—	—
Paratyphoid Fever	—	—	—	—
Erysipelas	—	—	—	—
Food Poisoning	3	—	—	1
Tuberculosis (Respiratory)	2	—	—	1
Tuberculosis (Non-Respiratory)	—	—	—	—
Totals	118	95	4	7

Of the 194 cases of Measles notified in the 5 years to 9 years age group, 99 were entering school as 5 year olds.

INFECTIOUS DISEASE

1. Epidemic Vomiting

In November, 1962 we were informed that there were a number of sick children at one of our schools and subsequent investigation showed that two members of the staff and seven children were affected. They all suffered from vomiting with varying degrees of severity and in many cases accompanied by diarrhoea. Four more children were taken ill on the following day and two admitted to the Worcester Royal Infirmary for investigation. It was found that some of the children took school meals while others returned home at mid-day. The kitchen staff were all prefectly well and had no known skin trouble or history of bowel upset. The hygiene of kitchen and sanitary accommodation in the school was good. Bacteriological investigation showed no pathogens present, and this combined with the suddeness of onset and very rapid recovery, signified a mild outbreak of epidemic vomiting. Nine of the cases were ill for one day, two for two days, one for three days and one for six days. The usual hygiene measures were undertaken.

2. Suspected outbreak of food poisoning

On Friday, 19th October, the head teacher at one of our schools phoned to say that a number of his staff and some students from Worcester Training College were ill as a result of a school meal served two days previously. On enquiry it was found that of the 23 students from the Training College who had been present 22 had had attacks of vomiting the next day while in the school three teachers were hors de combat. No children were involved.

It transpired that the mid-day dinner at the school in question consisted of cornish pasty and salad, semolina and jam. While the whole school had the first course, the staff and students had a pudding of apple tart and custard in place of the semolina. Furthermore it was found that several members of the teaching and other staff had diarrhoea prior to the suspected meal, while a visit to the Training College elicited the information that there had been several attacks of vomiting amongst the students there. It soon became clear that a mild, but widespread outbreak of epidemic vomiting was bedevilling the Training College.

Briefly summarising the position it may be said that as none of the children were involved, some localised infection of the staff meal could have taken place but that this was unlikely. One member of the canteen staff had a small cut on a finger; the swabs taken from this proved negative. The illness prevalent among the school staff consisting mainly of diarrhoea was patently different from the sudden, overwhelming illness that attacked the students, whose main characteristic was vomiting. Bacteriological investigations of faecal specimens proved negative, one nose and finger swab gave a mild growth of Streptococcus pyogenes but no staphylococcus bacilli were isolated.

It did not prove an easy matter to interpret these findings. Obviously the Worcester Training College had been subject to a fairly widespread attack of epidemic vomiting, and in this connection it is interesting to note that none of the men was affected. It seems to me that the symptoms of the 23 girl students who attended the school were those of epidemic vomiting although it is rather difficult to reconcile with the almost overwhelming attack rate.

Where the school staff were concerned the pertinent factor is that several persons had diarrhoea prior to taking the suspected meal, but it is not possible to give any opinion as to the source of this upset or the organism causing it. I think it likely that the infection was transferred by hand and not by food.

The usual hygiene measures were taken and there were no further cases after the commencement of our investigation.

ROUTINE SERVICES

Medical Inspections:

Our main duty is still the carrying out of periodic medical inspections and at each session some 20 children are examined by the school doctors, the findings being noted on the individual record card, Form 10M. Although the facilities available to our doctors and nurses are not always of a high order, particularly in the older schools, the kindness and co-operation of the teachers atone for this. This co-operation ensures an easy liaison of information, and since most of our doctors have worked in the Worcester School

Health Service for many years, their knowledge of background and abilities prior to the clinical examination is generally very detailed.

EYE CLINIC:

There were 700 attendances at the Eye Clinic in 1962, of which 154 were first attendances. A rather dramatic rise in the prescription of spectacles occurred inasmuch as 336 pairs were recommended this year in comparision with 105 the previous year. 115 cases were referred by the School Medical Officer and 39 by the school nurse.

SCHOOL HYGIENE:

As the School Health Service naturally places so much emphasis on the personal aspect of the work regarding each child in the light of its own personality and capabilities, one is apt to forget the material considerations which are essential to the wellbeing of the school community. The hygiene of the schools in the City is, of course, a most important feature in school health and this is supervised by both school medical officers and the public health inspectors. The construction of new schools and the high repute of the Schools Meals Service does much to lighten our responsibility. The renovation of older schools and, in particular, the construction of new sanitary annexes where required, are also of primary importance.

I am happy to say that the teachers in the City are always very alert to potential deterioration in school hygiene, informing this Department with expedition.

SCHOOL DENTAL SERVICE:

Mr. E. R. Dowland, L.D.S., R.C.S., Principle School Dental Officer, reports:

"1,759 children were inspected at visits to schools and 717 at the clinic as specials or casuals.

"A large proportion of specials are keen patients who look after their oral hygiene and dental health. The remainder are old referrals who periodically appear on account of pain or because they are referred from a medical inspection. In some cases where a refusal is brought in on account of pain soon after a school inspection, it is discovered that the patient has signed the form refusing treatment, unknown to the parent.

"The number of sessions being worked by the part-time dentist was increased during the year. In January only two sessions were being worked per week but these were increased to six sessions by June and to nine during November when another part-time dentist started. 115 sessions were worked during the year giving an increase of 21·37% on 1961. One session was still retained for the visiting anaesthetist.

"The increase in the number of sessions has enabled us to continue with two regular anaesthetic sessions and deal with many casuals on arrival. Many patients or their parents insist on nitrous oxide and if it is not available go elsewhere. In this sphere of the work, with 27% more administration of nitrous oxide, we have not only kept up-to-date with the current cases but have been able to wipe out the considerable waiting list of those needing surgical treatment.

"The conservation in deciduous and permanent teeth show an increase of 32·6% on the previous year.

"There was an increase in the number of orthodontic cases started. As in previous years, cases which could be treated by extraction or simple appliances were treated at the clinic. Difficult cases requiring specialist opinion or complicated treatment were referred to Mrs. Davis at the Worcester Royal Infirmary.

"Only 14 patients were fitted with dentures which is lower than the previous year's figure."

MEDICAL EXAMINATIONS OF TEACHING STAFF:

12 entrants to the teaching profession and 38 candidates for training college were examined during the year.

EMPLOYMENT OF SCHOOL CHILDREN:

Our duty to ensure that no unfit child takes up employment is underlined by the 356 examinations performed for this purpose in 1961.

PREVENTION AND TREATMENT

1. Head Inspection :

Reference to Statistics—Part I, Table C

At the back of this report Part I, Table C shows that 20,719 individual examinations of pupils in school were made by school nurses in 1962, and that 399 children were found to be infested. This is a quite considerable increase in the number of infestations and does indicate how necessary it is for parents to watch carefully over the hygiene of their child, and in particular to examine the hair at intervals.

Most of our community is well housed, well clothed and well groomed. It is easy to forget that some children do not come from such backgrounds and may, through no fault of their own, be the vehicle by which infestation is introduced into a school. On the other hand there are rare instances where infestation occurs primary in children from exemplary households who become infested outside the school by mischance, the head louse unfortunately having no real sense of decorum.

2. B.C.G. Vaccination :

Number Heaf tested	728
Number found positive	105
Number found negative	606
Number vaccinated	587

3. Heaf Testing :

The Heaf test was used when indicated as a useful adjunct in the examination of individual children whose case history indicated a possibility of tuberculosis.

4. Ultra-Violet Light Therapy :

Mrs. M. Hayton, School Nurse for Rose Hill Open Air School, reports :

> "All the children are eager for their 'Sun-Ray' sessions and benefit greatly. To keep them fully interested, we are now having singing practice, while "The Lamp" shines.

> "The variety of school songs, Christmas carols and Easter songs, not to mention hymns, that the children know is very numerous. They are usually in great voice, even the shy children will sing a solo when facing the wall with their backs to the Lamp.
>
> "Children who received treatment :
>
> | | |
> |---|---|
> | 5 — 7 years ... | 22 |
> | 7 — 15 years ... | 49." |

5. Remedial Exercises :

I am indebted to Miss Shelagh Morris, Remedial Gymnast, for the following report :

> "During the year 850 children have been regularly treated for minor defects, of these 269 were purely postural while 557 were of a more complex nature involving one or more structural defects. This latter group includes those with breathing defects and disorders of the feet."

Miss Morris has been remedial gymnast to this authority since 1949 and is responsible for having initiated our present scheme. Apart from giving exercises and talks to the children she has long persued an enthusiastic campaign of health education amongst school teachers and parents so as to inculcate in them an appreciation of the importance of remedial exercises. The mothers attend to watch their children perform and films are also shown to which parents and older children are invited. Particular emphasis is given to the dangers of wrong footwear and faulty posture.

It can be said that the children, once the importance of curing such defects has been fully explained to them, respond very well and that there has been a high proportion of cures and improvement. I mention these details of Miss Morris's work because next year she is to retire. I feel sure that the schools, as well as the health service, will miss very much the kind and unobtrusive help which she has so devotedly given.

6. Nocturnal Enuresis :

This Department has six buzzer alarms on loan for the treatment of this condition. During the year 26 children, 15 of whom were boys, suffering from nocturnal enuresis were given this form of therapy.

With regard to the boys, 5 were completely cured and 5 dramatically improved. 3 showed their contempt for this mechanical contrivance by sleeping steadily and obliviously through the buzzing, while on 2 others it had no impact whatsoever and their condition did not improve. Results were very similar where the girls were concerned. There were 5 cures, 4 very substantial improvements and 2 children in which it proved completely unsuccessful. One child, strange to relate, was frightened by the buzzer and its use had to be discontinued.

7. Convalescent Holidays :

By courtesy of the Education Committee 8 school children were sent on convalescent holidays during the year.

8. Chiropody :

150 school children received 823 treatments at the Chiropody Clinic during the year. The clinic is situated on the ground floor of Church House and Miss J. E. Price and Mrs. M. R. Gilbert do this work for us on a sessional basis. This is a valuable preventive service, much needed in these day of ritual deformation of the feet.

9. Minor Ailment Clinic :

These clinics which were held daily at Tudor House, Friar Street, were largely discontinued during the year. Instead of a daily clinic with a nurse in attendance, one clinic was held on Tuesday mornings at which a doctor is present. 580 children attended this clinic which is over twice the number of those who came for treatment when the clinics were open 6 days a week. This is largely because the clinic is used as a source of referral as the doctor taking it also gives appointments for this day to children requiring more detailed examination.

10. Accidents involving School Children :

I am grateful to the Chief Constable for the following report :

"Accident Figures :

"The table below shows the general overall accident figures for 1962, compared with the previous year. These figures show that there is a reduction in this City of approximately 3% for serious injury, and of 17% in the slightly injured category.

	Killed	*Serious*	*Slight*
1961	6	101	420
1962	6	98	350

"The figures reflect the National trend which shows a general overall reduction for the first time since 1957.

"Cycle Proficiency Training :

"The National School Cycling Proficiency Training in this City continued to flourish in 1962. A total of 488 children successfully passed the test. This compares with a figure of 213 for 1961.

"1962 was a year designated by the Royal Society for the Prevention of Accidents as 'Training Year', and in response to this campaign the Cycle Training Scheme in the City was supplemented by the addition of three extra courses conducted by Police Officers. One of these courses was held at Henwick Grove School during the August school holidays and served a dual purpose in providing an interest for children during the holidays as well as training them in Road Safety.

"During the year it was possible to recruit more voluntary instructors for the training scheme from employees of the General Post Office and training schemes are now being conducted at 12 City schools, pupils from 5 other schools also attending the courses.

"Presentations are now being held in the Magistrates' Court Room and these are usually combined with a film show of road safety and interest films. Certificates for children who have passed their tests since Christmas are awaiting presentation and this will be held in the near future.

"Road Safety Dog Club :

"A Road Safety Dog Club was formed at the end of 1962, the response to which was very encouraging. A total of 35 dogs, together with their handlers were trained in the requirements of elementary obedience. Such was the response to the Club that it was necessary to conduct a further course of 4 lessons when 25 more dogs were trained.

"Although it was anticipated that adult handlers would attend the courses, there was a remarkable interest shown by children between the ages of 12 and 16 years, some of whom showed an exceptional aptitude for the training of dogs.

"Road Safety Talks :

"During the first half of the year, Police Sergeant Westwood visited Infant and Junior Schools in the City and gave short talks on 'Kerb Drill'. The Police Dog Handlers, together with their dogs, also attended to demonstrate the practical aspects of Road Safety.

"Tufty Club" :

"A remarkable success has been achieved throughout the country in connection with the Tufty Club. The book provided is an excellent introduction to Road Safety for small children, and could well be used by school teachers to instruct the 5 year old classes in Road Safety."

PRELIMINARY REPORT ON THE INCIDENCE OF PLANTAR WARTS IN MAINTAINED SCHOOLS IN THE CITY OF WORCESTER

Preamble :

There would appear to be little doubt about the infective origin of warts as this has been repeatedly confirmed by experimental inoculation. Furthermore while the limits of the incubation period have never been definitely established it is known to be a lengthy one and an interval of three to six months is probably the commonest. However, in spite of the general increase in plantar warts in various parts of the world in the last 30 or 40 years, and our knowledge that the infection is an external one reaching the skin by contagion from the outside, there is still a great deal of doubt as to whether going barefoot entails a greater risk of infection.

Some children appear to acquire plantar warts without being a close contact of another case or having walked barefoot in a public place. This may be because shoes and stockings do not present an impassable barrier to the wart virus, or alternatively that the wart virus picked up on a child's shoes is eventually deposited on a bedroom or bathroom floor and thereby finds its opportunity to penetrate the bare skin.

Epidemiology :

Children of school age have the highest incidence and nearly twice as many girls as boys suffer from plantar warts. Many suggestions have been advanced to explain the differing sex incidence, for example the fact that boys wear thicker socks and heavier shoes than girls. The more frequent occurrence of barefoot activities among girls presents an equally logical explanation.

Results in Worcester :

An investigation into the incidence of plantar warts has now been completed in all but one of the secondary schools in Worcester. The results of this are shown in the following table. It will be noted that the number of cases of plantar warts is far higher at girls schools and is highest of all in the three schools where barefoot work has been most popular.

Frequency of foot inspection or the use of showers and footbaths are variables which might well invalidate any attempt to blame barefoot activities in those schools with a high proportion of cases, although only the former is likely to be of significance in this enquiry. Showers are common to nearly all the schools included in this report, but foot inspections are probably more zealously conducted in those schools where barefoot activities are more sedulously promoted. It is curious indeed that the one girls' school where barefoot cult is rather played down has a very low incidence of plantar warts.

Summary :

From this preliminary investigation it would seem that a high incidence of plantar warts might be associated with (1) barefoot activities, (2) dissemination during use of the showers (disinfection, floor materials, throughput, are important factors in this context.) In the coming year we hope to try and obtain further information to distinguish which mode of spread is more likely. One of the schools (School A) with a high incidence of plantar warts has agreed to discontinue barefoot activities for one year to see if this results in a lessening of the condition.

Furthermore during our preliminary enquiry of the girls schools it was noticed that Girls School B which had the most favourable results, not only had the least barefoot activities, but also used the same disinfectants as Boys School B which had the best results of the boys. It was decided to introduce this disinfectant into Girls School C to see if any reduction in the number of plantar warts would take place.

I would not like anyone to think that these enquiries would produce conclusions completely satisfactory to a statistician. At the moment we are more or less feeling our way, hoping to acquire sufficient information to justify a more controlled enquiry at a later date. Although everyone tends to blame barefoot activities when plantar warts are common in a school, the evidence to support or deny this is inconclusive and a good deal of it comes from abroad where condtitions differ considerably from those pertaining here. Our aim at present is intended to establish a background on which more precise investigation may be based.

RESULTS OF AN INVESTIGATION INTO THE INCIDENCE OF PLANTAR WARTS IN MAINTAINED SCHOOLS IN THE CITY OF WORCESTER.

	No. of pupils	Incidence of plantar warts	%	Dancing	P.T.	Showers	Footbaths	Foot Inspection	
								Teacher	School Nurse
Girls School A	666	55	8·3	Barefoot once weekly	Barefoot	After P.T.	After dancing	1/12	4/12
Girls School B	416	2	0·5	Occasional barefoot	Pumps	After games and P.T.	Nil	2/52	4/12
Girls School C	405	35	8·6	Pumps	Barefoot 1-2 week	After games and P.T.	After games	1/52	4/12
Girls School D	703	35	5·0	Barefoot once every 2 weeks	Barefoot once every 2 weeks	Nil	Nil	Nil	4/12
Boys School A	578	21	3·6	N./A.	Pumps	After games and P.T.	Nil	Nil	4/12
Boys School B	419	6	1·4	N./A.	Pumps	After P.T.	Nil	Nil	4/12
Boys School C	439	12	2·7	N./A.	Barefoot once every 3 weeks	After games and P.T.	After games	1/52	4/12
Mixed School	150	5	3·3	Pumps	Pumps	Nil	Nil	Nil	4/12

Girls School A—Floor of Showers—	Terrazzo (daily cleaning : Johnson's Crusade).
Girls School B	Rubber matting (daily hosing : pineolite).
Girls School C	Concrete and tiles (daily cleaning : Johnson's Crusade).
Girls School D	Nil (Nil).
Boys School A	Composition (daily cleaning : Johnson's Crusade).
Boys School B	Rubber matting (daily hosing : pineolite).
Boys School C	Concrete and tiles (daily cleaning : Johnson's Crusade).
Mixed School	Nil (Nil).

All gym floors polished wood. Sanded daily.

SCHOOL MEDICAL INSPECTION AND TREATMENT STATISTICS

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963 11,491

PART I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

Table A—Periodic Medical Inspections

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual Pupils
		No.	% of Col. 2	No.	% of Col. 7			
1958 and later	31	31	100·00	—	—	—	8	8
1957	348	343	98·56	5	1·44	8	56	63
1956	508	504	99·21	4	·79	17	124	140
1955	38	37	97·37	1	2·63	—	8	8
1954	14	14	100·00	—	—	—	1	1
1953	2	2	100·00	—	—	—	2	2
1952	—	—	—	—	—	—	—	—
1951	226	224	99·12	2	·88	22	76	94
1950	621	616	99·19	5	·81	62	179	222
1949	227	225	99·12	2	·88	29	57	83
1948	246	245	99·6	1	·4	19	60	75
1947 and earlier	1,102	1,102	100·00	—	—	132	236	344
TOTAL ...	3,363	3,343	99·4	20	·6	289	807	1,040

TABLE B—OTHER INSPECTIONS.

Number of Special Inspections . ..	1,972
Number of Re-inspections	296
Total	2,268

TABLE C—INFESTATION WITH VERMIN.

(i)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	20,719
(ii)	Total number of individual pupils found to be infested ...	399
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	122
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect or Disease		PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
Skin	*T	5	56	27	88
	*O	3	2	3	8
Eyes—*a.* Vision	T	29	148	112	289
	O	64	18	46	128
b. Squint	T	8	13	13	34
	O	6	—	3	9
c. Other	T	1	8	2	11
	O	4	1	—	5
Ears—*a.* Hearing	T	21	9	4	34
	O	107	39	28	174
b. Otitis Media ...	T	2	4	1	7
	O	39	2	13	54
c. Other	T	1	3	—	4
	O	—		—	—
Nose and Throat	T	13	6	5	24
	O	65	7	26	98
Speech	T	12	3	2	17
	O	12	—	5	17
Lymphatic Glands	T	5	3	—	8
	O	31	2	15	48
Heart	T	2	3	1	6
	O	8	4	8	20
Lungs	T	7	3	1	11
	O	14	5	11	30
Developmental—*a.* Hernia ...	T	1	—	2	3
	O	10	—	—	10
b. Other ...	T	1	7	3	11
	O	5	—	8	13
Orthopaedic—*a.* Posture ...	T	29	78	68	175
	O	1	2	5	8
b. Feet ...	T	90	80	79	249
	O	5	2	4	11
c. Other ...	T	30	71	36	137
	O	4	6	8	18
Nervous System—*a.* Epilepsy	T	2	—	1	3
	O	3	—	3	6
b. Other	T	1	5	2	8
	O	3	2	6	11
Psychological—*a.* Development	T	—	—	—	—
	O	1	—	2	3
b. Stability	T	1	2	2	5
	O	11	1	7	19
Abdomen	T	—	—	—	—
	O	3	—	2	5
Other	T	—	5	11	16
	O	14	15	28	57

*T Pupils requiring treatment

*O Pupils requiring observation

TABLE B.—SPECIAL INSPECTIONS.

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	88	6
Eyes—*a.* Vision ..	119	75
b. Squint ..	22	4
c. Other	6	—
Ears—*a.* Hearing ..	40	135
b. Otitis Media ..	21	36
c. Other	14	7
Nose and Throat ..	26	80
Speech	9	14
Lymphatic Glands ..	6	29
Heart	6	28
Lungs	10	28
Developmental—		
a. Hernia ..	4	9
b. Other	5	12
Orthopaedic—		
a. Posture ..	129	12
b. Feet	253	48
c. Other	90	22
Nervous System—		
a. Epilepsy ..	10	6
b. Other	6	6
Psychological—		
a. Development .	11	21
b. Stability ..	5	24
Abdomen	3	11
Other	6	41

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	16
Errors of refraction (including squint) ..	700
Total	716
Number of pupils for whom spectacles were prescribed	336

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear ..	15
(*b*) for adenoids and chronic tonsillitis	86
(*c*) for other nose and throat conditions	13
Received other forms of treatment ..	12
Total	126
Total number of pupils in schools who are known to have been provided with hearing aids—	
(*a*) in 1962	13
(*b*) in previous years	27

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(*a*) pupils treated at clinics or out-patients departments	53
(*b*) pupils treated at school for postural defects	850
Total ..	903

TABLE D.—DISEASES OF THE SKIN.

	Number of cases known to have been treated
Ringworm (*a*) Scalp	—
(*b*) Body	—
Scabies	—
Impetigo	13
Other Skin Diseases	58
Total ..	71

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	71

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by speech therapists ..	—

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	56
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	8
(*c*) Pupils who received B.C.G. vaccination	587
(*d*) Other than (*a*), (*b*) and (*c*) above.	
(i) Audiometric examinations 5 year old sweep	1,107
(ii) Special examinations at Audiometric centre	107
(iii) Ultra violet light therapy ..	71
(iv) Pupils who attended Chiropody Clinic	150
Total ..	2,086

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(a) Dental and Orthodontic work :		
1. Number of pupils inspected by the Authority's Dental Officers :—		
(*a*) At Periodic Inspections	1,759	
(*b*) As Specials	717	2,476
2. Number found to require treatment		1,740
3. Number offered treatment		1,492
4. Number actually treated		1,610
(b) Dental work (other than orthodontics) :		
1. Number of attendances made by pupils for treatment, excluding those recorded at (c) (*a*) below		3,893
2. Half days devoted to :—		
(*a*) Periodic (School) Inspection	9	
(*b*) Treatment	653	662
3. Fillings :—		
(*a*) Permanent Teeth	2,821	
(*b*) Temporary Teeth	143	2,964
4. Number of Teeth Filled :—		
(*a*) Permanent Teeth	2,713	
(*b*) Temporary Teeth	141	2,854
5. Extractions :—		
(*a*) Permanent Teeth	648	
(*b*) Temporary Teeth	1,661	2,309
6. Administration of general anaesthetics for extraction ...		805
7. Number of pupils supplied with artificial teeth		14
8. Other operations :—		
(*a*) Permanent Teeth	293	
(*b*) Temporary Teeth	136	429
(c) Orthodontics :		
(*a*) Number of attendances made by pupils for orthodontic treatment		148
(*b*) Half days devoted to orthodontic treatment		Nil
(*c*) Cases commenced during the year		49
(*d*) Cases brought forward from the previous year ...		4
(*e*) Cases completed during the year		19
(*f*) Cases discontinued during the year		1
(*g*) Number of pupils treated by means of appliances ...		9
(*h*) Number of removable appliances fitted		11
(*i*) Number of fixed appliances fitted		Nil

HANDICAPPED CHILDREN'S TABLE

Handicapped Pupils Requiring Education at Special Schools approved under Section 9 (5) of the Education Act, 1944, or Boarding in Boarding Homes.

During the calendar year ended 31st December, 1962	(1) **Blind** (2) **Partially Sighted**		(3) **Deaf** (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) **Epileptic** (10) Speech **Defects**		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Handicapped Pupils newly assessed as needing special educational treatment at special schools or in boarding homes	—	—	—	1	1	21	2	17	—	—	42
B. (i) Number of children included in A who were newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	1	—	21	2	4	—	—	28
(ii) Number of children assessed prior to to 1st January, 1962, who were newly placed in special schools (other than hospital special schools) or boarding homes	—	—	—	—	—	—	2	4	—	1	7
Total B (i) and B (ii) ...	—	—	—	1	—	21	4	8	—	1	35

On or about 20th January, 1963, number of handicapped pupils from the Authority's area :	(1) **Blind** (2) **Partially Sighted**		(3) **Deaf** (4) Partial Hearing		(5) Physically **Handicapped** (6) Delicate		(7) Maladjusted (8) E.S.N		(9) Epileptic (10) Speech **Defects**		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. (i) who were requiring places in special schools—											
(*a*) day	—	—	—	—	—	—	—	33	—	—	33
(*b*) boarding	—	—	—	—	—	—	3	10	—	—	13
(ii) including at (i) who had not reached the age of 5 and were awaiting—											
(*a*) day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding places	—	—	—	—	—	—	—	—	—	—	—
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, and were awaiting—											
(*a*) day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding places	—	—	—	—	—	—	—	1	1	—	2
D. (i) who were on the registers of											
(1) maintained special schools as—											
(*a*) day pupils	—	1	—	5	10	40	4	13	1	1	75
(*b*) boarding pupils	—	5	—	1	1	—	2	14	—	—	23
(2) non-maintained special schools as—											
(*a*) day pupils	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding pupils	2	—	5	1	2	—	2	4	1	1	18
Total	2	6	5	7	13	40	8	31	2	2	116

On or about 20th January, 1963, number of handicapped pupils from the Authority's area :	(1) **Blind** (2) **Partially Sighted**		(3) Deaf (4) Partial Hearing		(5) Physically **Handi-capped** (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech **Defects**		Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. (ii) who were on the registers of independent schools under arrangements made by the Authority ...	—	—	1	—	1	2	1	1	—	—	6
Total D (i) and D (ii) ...	2	6	6	7	14	42	9	32	2	2	122
(iii) who were boarded in homes and not already included under (i) and (ii) above	—	—	—	—	—	—	1	—	—	—	1
Total D (i), (ii) and (iii) ...	2	6	6	7	14	42	10	32	**2**	2	123
E. On or about 20th January, 1963, number of handicapped pupils (irrespective of the areas to which they belong) who were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944—											
(i) in hospitals	—	—	—	—	2	—	—	—	—	—	2
(ii) in other groups (e.g. units for spastics, convalescent homes) ...	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	1	—	—	—	—	—	1

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

Number of children who were the subject of new decisions recorded under Section 57 (4) of the Education Act, 1944, during the calendar year ended 31st December, 1962	6
Number of reviews carried out under the provisions of Section 57A of the Education Act, 1944, during the calendar year ended 31st December, 1962	1
Number of decisions cancelled under Section 57A (2) of the Education Act, 1944, during the calendar year ended 31st December, 1962	1

OOL OF HYGIENE ★
RARY
30 DEC 1963
AND TROPICAL MEDICINE